



# COYLE AND CASSIDY HIGH SCHOOL

2 Hamilton Street, Taunton, MA 02780

(508) 823-6164

www.coylecassidy.com



## STUDENT APPLICATION

Gr. 9  Gr. 10  Gr. 11  Gr. 12  (please check one)

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City ST Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Registered Parish \_\_\_\_\_

School you are presently attending: \_\_\_\_\_  
School City Grade

Have any learning differences been identified or special services been provided? (IEP etc.) Yes  No  (If yes, please explain on the back of this form.)

Father's Name \_\_\_\_\_  
First Last Living  Deceased

Occupation \_\_\_\_\_ Title/Position \_\_\_\_\_

Mother's Name \_\_\_\_\_  
First Last Maiden Living  Deceased

Occupation \_\_\_\_\_ Title/Position \_\_\_\_\_

Do you have a relative currently attending Coyle and Cassidy High School or a relative who graduated from St. Mary's, Cassidy, Coyle or Coyle and Cassidy High Schools? Yes  No

Relative's Name	Relationship to Applicant	School	Year of Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

World Language requested for the Fall: French  Portuguese  Spanish

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_